

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 008899	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/17/2013
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL NORTHWEST INDIANA		STREET ADDRESS, CITY, STATE, ZIP CODE 5454 HOHMAN AVE 5TH FL HAMMOND, IN 46320		
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S 000	<p>INITIAL COMMENTS</p> <p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00132667</p> <p>Unsubstantiated; lack of sufficient evidence. Deficiencies cited unrelated to the allegations.</p> <p>Survey Date: 7-16-13 and 7-17-13</p> <p>Facility Number: 008899</p> <p>Surveyor: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 08/14/13</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based upon document review, medical record review and interview, the nurse executive failed to ensure that the policy/procedure regarding use of restraints was followed for 1 of 7 (patient 27) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Use of Physical or Chemical Restraints (revised 6-11) indicated the following: " A request from a patient or family member for the application of a restraint is not sufficient justification ...a registered nurse ...may initiate the use of restraints after directly observing the patient and ...the actual behavior observed and reasons for initiating the restraint ...how and why the patient ' s behavior is potentially injurious to him/herself or others ...description of methods used to avoid restraint use and the effectiveness of those methods ... "</p> <p>2. The MR Daily Nursing Flow Sheet entry for</p>	S 912		

Indiana State Department of Health

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S 912	Continued From page 2 patient 27 at 1610 hours on 8-21-11 indicated the following: "Informed [patient representative] of fall. Requested BSW [bilateral soft wrist restraints] to applied. (staff N5)." The nursing flow sheet entries for patient 27 on 8-21-11 under the section titled Nursing Notes or Restraint Flow Sheet lacked an entry by staff N5 indicating the alternatives attempted and deemed ineffective, reasons for initiating restraint use and/or observed patient behavior resulting in the application of wrist restraints 3. During an interview on 7-17-13 at 1615 hours, staff A2 confirmed that the MR entries on 8-21-11 by staff N5 lacked documentation indicating the alternatives attempted and deemed ineffective, reasons for initiating restraint use and/or observed patient behavior.	S 912		
S 930	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. This RULE is not met as evidenced by: Based upon document review, medical record (MR) review, and interview, the registered nurse failed to ensure that vital signs were obtained and documented in accordance with standards of care for 1 of 7 (patient 27) MR reviewed. Findings:	S 930		

Indiana State Department of Health

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S 930	Continued From page 3 1. The policy/procedure General Documentation guidelines (revised 8-12) indicated the following: " Documentation in the medical record is detailed, organized, and contains ...the record and findings of the patient ' s assessment ... " 2. The MR admission orders dated 8-20-11 for patient 27 indicated the following: " Vital Signs: every 4 hours ... " 3. The MR for patient P25 lacked documentation of vital signs as ordered every 4 hours from after 0600 hours on 8-21-11until 1310 hours on 8-21-11 by staff N5 or again until after 0001 hours (midnight) on 8-22-11 by staff N5 or N4. 4. On 7-17-13 at 1600 hours, staff A4 confirmed that the MR for patient 27 lacked documentation of vital signs every 4 hours on 8-21-11 as ordered by the physician.	S 930		
S 932	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(4) (b) The nursing service shall have the following: (4) The nursing staff shall develop and utilize an ongoing individualized plan of care based on standards of care for each patient. This RULE is not met as evidenced by: Based upon document review, medical record (MR) review, and interview, the nursing staff failed to develop a fall risk care plan in response to an assessed need and/or change in condition	S 932		

Indiana State Department of Health

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S 932	<p>Continued From page 4</p> <p>for 7 of 7 (patient 27) medical records (MR) reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. The policy/procedure Assessment/Reassessment - Interdisciplinary Patient (effective 12-08) indicated the following: " ...Data [is] collected to assess the needs of the patient ...[and] ...analyzed to create the information necessary to develop a plan to meet the patient ' s care or treatment needs ...A collaborative assessment and individualized Patient Care Treatment Plan is discussed with the interdisciplinary team during the Patient Care Conference ... " 2. The policy/procedure Fall Prevention (revised 8-10) indicated the following: " Patients identified as at risk for falls ...will have an interdisciplinary care plan initiated by the registered nurse under the heading " potential for self-injury related to risk for falls ...In the event that a patient fall occurs, regardless of the score of the Initial Fall Risk screen, he/she will be automatically considered at risk for falls, additional interventions will be considered, and the Care Plan revised to reflect the increased risk ... " The policy/procedure indicated that a patient was at risk for falls based on a fall risk score of 10 or greater and indicated a list of additional interventions to implement for at risk patients. 3. The MR for patients 21, 22, 23, 24, 25 and 26 lacked documentation indicating that a risk for falls care plan was developed for the 6 patients determined on admission to be a fall risk. 4. On 7-17-13 at 1630 hours, staff A4 confirmed that the MR ' s lacked documentation of a fall risk 	S 932			

Indiana State Department of Health

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S 932	<p>Continued From page 5</p> <p>care plan for the 6 at-risk patients (pt ' s 21, 22, 23, 24, 25 and 26).</p> <p>5. The MR for patient 27 dated 8-20-11 indicated that the patient was at risk for falls based on an initial fall risk assessment score of 24 and the care planning documentation titled Interdisciplinary Plan of Care (IPC) for patient 27 failed to indicate that the patient fall risk was identified or that a care plan was initiated by the registered nurse under the heading of " potential for self-injury related to risk for falls. "</p> <p>6. The MR for patient 27 dated 8-21-11 indicated at 1310 hours that patient 27 was found out of bed on the floor with no apparent injury. The MR and/or IPC for patient 27 failed to indicate that a fall risk care plan was initiated or revised to reflect the increased risk following the fall event.</p> <p>7. On 7-17-13 at 1445 hours, staff A4 confirmed that the MR for patient 27 indicated that the patient was identified as a fall risk on the day of admission and confirmed that the MR and/or IPC failed to indicate that a fall risk care plan was included in the plan of care for patient 27 on admission and/or following a fall event involving the patient.</p> <p>8. On 7-17-13 at 1115 hours, staff A4 confirmed that the current care planning documentation titled Interdisciplinary Patient Care Conference Record (IPCC) lacked a provision for staff to document a " potential for self-injury related to risk for falls " care plan as indicated in the Fall Prevention policy.</p>	S 932		